### PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or 2017 FINANCIAL DISCLOSURE STATEMENT all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the UNITED STATES HOUSE OF REPRESENTATIVES TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: REPORT TYPE FILER STATUS Did you hold any reportable positions during the reporting period or a. Own any reportable asset that was worth more than \$1,000 at the . Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period? 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S District: State: Yes Yes Yes Ύes Yes X $\ge$ Daytime Telephone $\geq$ Amendment Š Š 8 Z For Use by Members, Officers, and Employees F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than H. Did you, your spouse, or your dependent child receive any source during the reporting period? \$390 in value from a single source during the reporting period? Employee Officer or **Employing Office:** Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 APR 25 PM 1: 32 (Office Use Only) Shared Staff Filer Type: (If Applicable) HAND DELIVERED: & Yes ĕs Yes Ύes Yes Yes Yes Principal Assistant Š S ౭ S. S S O Ş

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BLOCK C	Name: DANIX Wayne
BLOCK D	e Lolpsock
BLOCK E	Page 🗘 of 6

TIAA Rail Fotito	CREF Global Face is	TREF Family Tuber	OREF Growth	OKEF Shak	TIBA Traditional	ABC Hedge Fund X	Simon & Schuster	SP Mega Corp. Stock EF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every finanzial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes under the reporting period); and any financial income during the reporting period); and any financial income during the reporting period; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	BLOCK A  Assets and/or Income Sources Identify (a) each asset hold for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).
	X	×	X	X	X		indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000	A B C D E	
X						×			\$100,001-\$250,000  \$250,001-\$500,000  \$500,001-\$1,000,000  \$1,000,001-\$5,000,000  \$5,000,001-\$25,000,000  \$25,000,001-\$50,000,000  Qver \$50,000,000  Spouse/DC Asset over \$1,000,000*	F 6 ± 1 5 X L M	BLOCK B  Value of Asset  Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  Column M is for assets held by your spouse or dependent child in which you have no interest.
>2	×	>	×	X	X	hanne	- Anyanes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.
X	×	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	×	×	X	×	*	×	None \$1-\$200  \$201-\$1,000  \$1,001-\$2,500  \$2,501-\$5,000  \$5,001-\$15,000  \$5,001-\$15,000  \$100,001-\$1,000,000  \$100,001-\$5,000,000  Cver \$5,000,000  Spouse/DC Asset with Income over \$1,000,000*		BLOCK D  Amount of Income  (For assets for which you checked "Tax-Deferred" in Block C, you read the "None" column. For all other assets indicate the "category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, the disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
								S(part)	blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	

### Assets and/or Income Sources    August   Aug	SCHEDULE A ASSETS	ASSETS & "UNEARNED INCOME"	Name: Havil Whighe	Locksonk Page 3 01
None	BLOCK A	BLOCK B	BLOCK C	BLOCK D  Amount of Income
None			•	
None		8 C D E F 6 # * *		# # W Y W # # # X
None			Farm Income)	\$1,000,000
CREF Month Market  CREF Month Market  CREF Month Market  CREF Month Market  X  X  X  X  X  X  X  X  X  X  X  X  X		\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$100,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$250,000,001-\$50,000,000	NONE DIVIDENDS  RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000
	ASSET NAME	7		
	CKET Bond Market	X	X	X
	OREF Tolkton-Links Sand	X	*	×
	CREF Money Market	×	×	X
	FC Lite Cale 2015	X	×	×
	to like Circle 2000	*	×	
	5000 open 257 24	×	<b>X</b>	
	1/1/2 Minumed Prince Month	·×	X	
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	on the second se			

## **SCHEDULE B - TRANSACTIONS**

									0	SP Varleyard Reported Market	50 Undered for Two Board Told	SP Example Mega Corp. Stock	SP.DC.JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your	
_	,	 	-								*			Purchase		_ Jyp	
	-							 	 	×	X			Sale		e of Tra	
												×		Partial Sale		Type of Transaction	
l		<u> </u>			;									Exchange		Š	
												×		Check Box if C	apital Gam Exceed	ed	]
									1.1.1.	1/1/10/2	6/2//17	3/9/17	!	weekly, if applicable	(MODAYR) or Quarterly,	Date	
						,			,	×	×			\$1,001- \$15,000	>		]
												×		\$15,001- \$50,000	œ		ļ
							-							\$50,001- \$100,000	n		
														\$100,001- \$250,000	0	₽	
														\$250,001- \$500,000	m	nount	
														\$500,001- \$1,000,000	TI .	Amount of Transaction	i
														\$1,900,001- \$5,900,000	6	nsacti	
														\$5,000,001- \$25,000,000	Ι	္ခြဒ	
														\$25,000,001- \$50,000,000	-		
														Over \$50,000,	000		ĺ
														Over \$1,000,0 (Spouse/DC A			

# SCHEDULE C - EARNED INCOME

Name: Mail Wayne Lockark Page 5 of 6

10	0	0
NA	force Societ sound	Social Security
$\mathcal{N}/\mathcal{A}$	Sporse Persion	Town Public Employee Resinet System
S1,000 N/A	Spouse Speech Spouse Salary	EXAMPLIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education
\$6,000 \$18,000	Approved Teaching Fee Legislative Pension	Keene State State of Maryland
Amount	Туре	Source (include date of receipt for honoraria)
reporting period. For a spouse, list \$27,765. The 2018 limit is \$28,050.	nment) totaling \$200 or more during the below. Social Security Act. ed at or above the "senior staff" rate was to relationship) are totally prohibited.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.  EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

## SCHEDULE D - LIABILITIES

Name: Mark the highest amount owed d riod by you, your spouse, or your dependent child. Mark the highest amount owed d using mortgages on their personal residence. Exclude: Any mortgage on your personal mores; liabilities of a business in which you own an interest (unless you are personally orly if the balance at the close of the report or or the report of the rep

Page 6 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

				8 <sub>Б</sub> .		
	9	Bril.	Example			
	Town	Bank Mchanesville,	First Bank of Wilmington, DE	Creditor		
	7	1/2015	5/15	Date Liability Incurred MO/YR		
	0 0	Mostages on Home	Mortgage on Rental Property, Dover, DE	Type of Liability		•
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	ω,	
				\$50,001- \$100,000	n	
		×	×	\$100,001- \$250,000	0	$\Big _{\downarrow}$
				\$250,001- \$500,000	щ	moun
				\$500,001- \$1,000,000	π	Amount of Liability
				\$1,000,001- \$5,000,000	စ	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	٠.	
				Over \$1,000,000* (Spouse/DC Liability)	~	

### **SCHEDULE E - POSITIONS**

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Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positical	consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or education	Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee o
in any reliç	any corpora	itions, com
jious, so	tion, firm	pensated
cial, frater	), partners	or uncon
nal, or po	hip, or ot	npensated
itical enti	her busine	d, held du
ties (such	ess enterp	ring the c
as polític	orise, non	urrent or p
al parties	profit orga	prior caler
and cam	anization,	ndar year
paign orga	labor orga	as an offi
anizations	anization,	cer, direct
); and po	or educal	or, truste
sitions so	tional or c	e of an or
lely of an	ther instit	ganizatio
nonorary	tution other	n, partner
nature.	er than the	proprieto
	anal or other institution other than the United States. Exclude:	of an organization, partner, proprietor, representative, employee, or
	States. Ex	entative, e
	xclude:	mployee,
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Positions held in any religious, social, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization